

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/25/02.

I. DISPUTE

Whether there should be reimbursement for office visits (99211) and therapy (ultrasound 97035, massage 07124, therapeutic procedure 97110 and joint mobilization 97265) rendered from 7/24/02 through 8/9/02. The insurance carrier denied treatment, "R" due to extent of injury (body area they accepted was cervical) but did not submit a TWCC-21. The disputed body area, the shoulder, was adjudicated at a BRC resolved by an RME completed on 1/31/03. The RME doctor stated in his report, the tendonitis and partial rotator cuff tear (shoulder) was related to the compensable injury.

II. RATIONALE

- The requestor indicated in their dispute that after the BRC, the respondent still has not submitted reimbursement for their services.
- Due to the resolve of the extent issue, the Medical Review Division reviewing the file for fee issues.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7/24/02 7/25/02 7/29/02 7/31/02 8/8/02 8/9/02	99211 x 6 days 97035 x 5 days 97124 x 2 units x 6 days 97110 x 4 units x 2 days 97265 x 2 days	18.00 x 6 days 22.00 x 5 days 56.00 x 6 days 140.00 x 2 days 43.00 x 2 days	0.00	"R"	18.00 (x 6 days) 22.00 (x 5 days) 28.00 x 2 ea. (x 6 days) 35.00 x 4 ea. (x 2 days) 43.00 (x 2 days)	MFG-EM, GI (VI)(C) MFG MGR (A) §133.1 (a)(3)(D)	Office notes received for review support delivery of services in dispute, therefore reimbursement recommended. Amount due: \$920.00
TOTAL		\$920.00					The requestor is entitled to reimbursement of \$920.00

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) 99211, 97035, 97124, 97265 and 97110 in the amount of \$920.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$920.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9th day of December 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl.